



North American Galvanizing Company

Corporate Office

5314 South Yale, Suite 1000
Tulsa, Oklahoma 74135
(918) 488-9420
FAX (918) 488-8172

February 12, 2010

CERTIFIED MAIL: 7008 3230 0002 1716 6255

Canton, OH 44707

1723 Cleveland Ave. SW
(330) 445-2170
FAX (330) 445-2172

Missouri Department of Natural Resources
P.O. Box 176
Jefferson City, MO 65102

Commerce City, CO 80022

4400 E. 61st Ave.
(303) 288-6631
FAX (303) 288-0726

Dear Hazardous Waste Program

Enclosed is the Revised 2009 EPA Biennial Reports for the following facility:

Houston, TX 77064

9103 Fairbanks N. Houston Rd.
(832) 467-3772
FAX (832) 467-4323

North American Galvanizing Company – St. Louis, MO ID 003316

The report was completed using the 2009 Waste Reporter software. North American Galvanizing is submitting printed paper copies of the reports.

If you have any questions please contact me at 918-584-0303.

Hurst, TX 76053

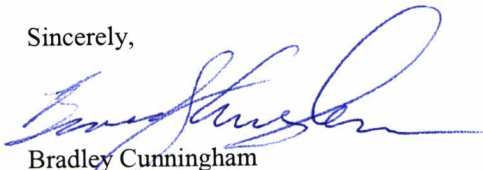
625 W. Hurst Blvd.
(817) 268-2414
FAX (817) 282-7793

Thanks,

Sincerely,

Kansas City, MO 64126

7700 E. 12th Street
(816) 241-4300
FAX (816) 241-4303


Bradley Cunningham
Senior Process Engineer
Cc: Chris Sumpter

Louisville, KY 40214

6310 Kenjoy Drive
(502) 367-6146
FAX (502) 368-9653

Nashville, TN 37209

200 32nd Avenue N.
(615) 297-9581
FAX (615) 297-9582

St. Louis, MO 63132

1461 Kin Ark Court
(314) 993-1562
FAX (314) 993-3556

Tulsa, OK 74107

1800 W. 21st Street
(918) 584-0303
FAX (918) 584-1781

Technical Center

1800 West 21st St.
Tulsa, OK 74107
(918) 281-6760
FAX (918) 524-1511

RECEIVED

FEB 19 2010

Hazardous Waste Program
MO Dept. of Natural Resources

502750



RCRA

FEB 19 2010

SEND COMPLETED FORM TO: The appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM Hazardous Waste Program U.S. Dept. of Natural Resources		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide initial Notification (first time submitting site identification information / to obtain an EPA ID Number for this location). <input type="checkbox"/> To provide subsequent Notification (to update site identification information for this location). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report (IF marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or state Equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number: MOD006284335		
3. SiteName	Site Name: North American Galvanizing Company -St.Louis		
4. Site Location Information	Street Address: 1461 Kin Ark Court City, Town or Village: St. Louis County: ST LOUIS State: MO Country: United States Zip Code: 63132		
5. Site Land Type	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAIC Code(s) for the Site (at least 5-digit codes)	A. 332812 B. C. D.		
7. Site Mailing Address	Street or P.O. Box: 1461 Kin Ark Court City, Town or Village: St. Louis State: MO Country: UNITED STATES Zip Code: 63132		
8. Site Contact Person	First Name: Chris MI: Last Name: Sumpter Title: Plant Manager Street or P.O. Box: 1461 Kin Ark Court City, Town or Village: St. Louis State: MO Country: UNITED STATES Zip Code: 63132 Email: csumpter@nagalv.com Phone Number: 3146168523 Extension: Fax: 3149933556		
9. Legal Owner and Operator of the Site	Name of Site's Legal Owner: North American Galvanizing Date Became Owner: 11/26/1996 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 5314 S. yale suite 1000 City, Town or Village: Tulsa Phone: 9184889420 State: OK Country: UNITED STATES Zip Code: 74135 Name of Site's Operator: North American Galvanizing Company Date Became Operator: 11/26/1996 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

 BY STATE
 RCRA INFO data entered
by BS 7316on 10 AUG 2010

NOV 10 2010

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.****Y ☒ N ☐ 1. Generator of Hazardous Waste**

If "Yes", choose only one of the following - a, b or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; OR Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo.) of acute hazardous waste; OR Generates, in any calendar month OR accumulates at any time, more than 100 kg/mo (220 lbs./mo.) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

- Y ☐ N ☒ d. Short-term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

- Y ☐ N ☒ e. United States Importer of Hazardous Waste

- Y ☐ N ☒ f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 3. Treater, Storer or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.**Y ☐ N ☒ 4. Recycler of Hazardous Waste****Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-Site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control**Y ☐ N ☒ 7. Receives Hazardous Waste from Off-site.****B. Universal Waste Activities; Complete all parts 1-2.****Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site.**
If "Yes", mark all that apply.

- | | |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) | <input type="checkbox"/> |
| f. Other (specify) | <input type="checkbox"/> |
| g. Other (specify) | <input type="checkbox"/> |

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒ 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner**Y ☐ N ☒ 4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

★ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002	D006	D007	D008	D010		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

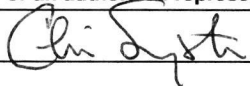
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "yes", your must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Chris Sumpter, Plant Manager	02/15/2010

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: North American Galvanizing

EPA ID NO: MOD006284335

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**


2009 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**GM
FORM**

Sec. 1	A. Waste Description SPENT HYDROCHLORIC ACID SOLUTION		
B. EPA Hazardous Waste Code(s) D002 D006 D007 D008 D010		C. State Hazardous Waste Code(s)	
D. Source Code G49 Management Method Code for Source Code G25	E. Form Code W103	F. Quantity Generated in 2009 1,174,003.000000 UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste Minimization Code Y

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2009	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off-site in 2009 for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1 	B. EPA ID No. of facility to which waste was shipped OHD020273819	C. Off-site Management Method Code Shipped to H134	D. Total quantity shipped in 2009 1,174,003.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2009

Comments: Waste was generated from the clean out of fire damaged process tanks and secondary containment.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: North American Galvanizing

EPA ID NO: MOD006284335

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2009 Hazardous Waste Report

**OI
FORM**

**OFF-SITE
IDENTIFICATION**

Site 1	A. EPA ID No. of off-site installation or transporter OHD020273819	B. Name of off-site installation or transporter VICKERY ENVIRONMENTAL
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 3956 STATE ROUTE 412 City VICKERY State OH Zip 43464
Site 2	A. EPA ID No. of off-site installation or transporter OHR000103762	B. Name of off-site installation or transporter VICKERY TRANSPORTATION, INC
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street NA City State Zip
Site 3	A. EPA ID No. of off-site installation or transporter FLR000057414	B. Name of off-site installation or transporter Quality Carriers
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street NA City State Zip
Site 4	A. EPA ID No. of off-site installation or transporter ILD981957236	B. Name of off-site installation or transporter SET
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street NA City State Zip
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip
Comments:		